



MONTGOMERY COUNTY MARYLAND  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
DIVISION OF CONSUMER AFFAIRS  
100 MARYLAND AVENUE, ROOM 330  
ROCKVILLE, MD 20850  
PHONE NO. 240-777-3636 - FAX NO. 240-777-3768  
Website: <http://hca.montgomerycountymd.gov/consumer>

## **BUILDING CONTRACTOR'S LICENSE RENEWAL APPLICATION**

Please read instructions carefully before completing this application.  
**INSTRUCTIONS**

- 1 **Type or print in ink.**
2. To avoid delay in the processing of your application, please be sure to answer every question clearly and completely.
3. **A nonrefundable registration fee of \$700 must accompany this application.** Make check or money order payable to Montgomery County, Maryland.
4. **All pages must be completed.**
5. Please notify this office within 30 days of any change that occurs in the information contained in this application. Failure to do so may result in the suspension or revocation of your license.

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**Type of business (Check one)**

**Corporation      Limited Liability Corp.      Partnership      Sole Proprietor**  
**Limited Liability Corp. Must fill out SECTION A and B**

### **A. CORPORATION**

Fill out this section if your homebuilding business is a **CORPORATION**. If you do business in Maryland as a corporation, **you must furnish the name of the resident agent of your corporation in Maryland and provide your federal employment identification number**. If your corporation is a Limited Liability Corporation, be sure to provide the information requested at the end of this section.

**Name of Corporation** \_\_\_\_\_

**Trade Name (If any)** \_\_\_\_\_

**Date of Incorporation** \_\_\_\_\_ **Federal ID Number** \_\_\_\_\_

**Business Address** \_\_\_\_\_

\_\_\_\_\_

**Business Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Mailing Address (If different from business address)** \_\_\_\_\_

\_\_\_\_\_

**Corporation Continued**

**Full Name of Resident Agent in Maryland** \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**President** \_\_\_\_\_

Home Address \_\_\_\_\_

Fax No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_

**Vice President** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**Treasurer** \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**Secretary** \_\_\_\_\_ Home Phone No. \_\_\_\_\_

List all persons, members, or organizations holding a financial interest of 10% or more in the business. If a limited liability corporation, also list the names of all members who have the authority to enter into binding agreements on behalf of the corporation.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**B. LIMITED LIABILITY CORPORATION**

List the members of the corporation that are corporations, partnerships, or other limited liability entities. Provide the information requested in **Section A** for each such member on a separate sheet of paper.

_____	_____	_____
Member	Business Phone No.	Home Phone No.
_____	_____	_____
Member	Business Phone No.	Home Phone No.

If more than 2 members, provide additional information on a separate sheet.

**C. PARTNERSHIP**

Fill out this section if your homebuilding business is a **PARTNERSHIP**. Provide the names of all partners holding a 10% or more interest in the business. If the partnership is a limited partnership, please identify the general partner.

Name of Business \_\_\_\_\_

Trade Name (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

(If more than 2 partners, provide additional information on a separate sheet.)

**D. SOLE PROPRIETORSHIP**

Fill out this section if your homebuilding business is a **SOLE PROPRIETORSHIP**.

**Full Name** \_\_\_\_\_

Trade Name of business (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**E. Interest in Other Home Building Entities**

1. Have any individuals named in Sections **A,B,C or D** had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years?  
(If yes, please list their names and the companies involved. **Yes** \_\_\_\_ **No** \_\_\_\_ on a separate sheet of paper).
2. Have any individuals or companies named in Sections **A,B,C or D** had any building or construction related licenses suspended, revoked, surrendered, or not renewed in Montgomery County or any other jurisdiction?  
(If yes, please explain on a separate sheet of paper). **Yes** \_\_\_\_ **No** \_\_\_\_

**F. BUILDER DESIGNEE**

The Builder Designee must be an individual designated by your homebuilding business who is a partner, officer, director or manager of your homebuilding business and is the individual responsible for on-site building activity. This individual must be authorized by you to enter into binding agreements on behalf of the homebuilding business. A sole proprietor is automatically the Builder Designee.

**Name of Builder Designee** \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

**G. LEGAL ACTIONS**

1. Has any officer, director, manager or owner holding a financial interest of 10% or more in this homebuilding business ever filed for bankruptcy in the last ten years? (If yes explain on a separate sheet of paper) **Yes**\_\_\_\_ **No**\_\_\_\_
2. Has any building or construction related license in any homebuilding business been suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction in the last ten years?  
(If yes, please explain on a separate sheet of paper) **Yes**\_\_\_\_ **No** \_\_\_\_
3. Are there any building code violations now outstanding against the Business? (If yes explain in a separate sheet of paper) **Yes** \_\_\_\_ **No** \_\_\_\_
4. Are there any pending lawsuits or unsatisfied judgements outstanding Against persons or businesses named on this application?  
(If yes explain on a separate sheet of paper) **Yes** \_\_\_\_ **No** \_\_\_\_
5. Has any officer, partner, building designee, or any owner been convicted of a felony in the last ten years?.....  
(if yes explain on a separate sheet of paper) **Yes** \_\_\_\_ **No** \_\_\_\_

**H. CERTIFICATION**

I HEREBY CERTIFY that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or the revocation of any license that may be issued. By signing this application, I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title

**DO NOT WRITE BELOW THIS LINE**

License No. \_\_\_\_\_ Revenue Receipt No. \_\_\_\_\_ \$ \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Approval Date \_\_\_\_\_

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August 1, 2000